(Print Name of lobbyist)

## STATE OF NEW HAMPSHIRE

# 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

PLEASE PRINT

1. Name of Lobbyist(s): Debra Miller, Julianne McConnell, Tara Reardon

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NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyist's	partnership, firm or corporat	ion, if any:		DEPARTMENT OF S
New Hampshir	e Community Loan Fund	í		
	e of partnership, firm or corporation			
7 Wall Street	Con	cord	NH	03301
Business Address: (Stre	eet) (Town	ı/City)	(State)	(Zip Code)
(603) 224-6669	(603) 225-7	425	<sub>∹mail</sub> kdery@d	communityloanfund.org
(Telephone)		(Fax)		
	vers: (Choose one – file separa ansactions which are not attrib			nay file a separate report for
☐ All reportable trans	actions occurring in the months	prior to the reporting	date relative to t	he following client:
	(Full Name of Client as it appears	on the Lobbyist Registra	tion Form)	
OR				
All reportable transa unrelated to any particu	ctions by the lobbyist (including lar client.	g the lobbyist's family	/), or the lobbyir	ng firm listed below which are
IV. Date of Report	April 25, 2018		25, 2018	
Reports cover: activit	y from date of registration to 3/31/	* *	n 4/1/18 to 6/30/1	8
a	October 31, 2018 🕅 ctivity from 7/1/18 to 9/30/18		ary 30, 2019 🗆 m 10/1/18 to 12/3	1/18
	no fees received and no rep omplete just this form and subm			
VI. Check if additions	l reports are attached:	•		
X If you have receive	d fees or made expenditures, yo	u must file Addendu	m A- Fees and I	Expenses
☐ If you have paid an Expense Reimbursemen	honorarium or reimbursed expent	enses, you must file A	<b>ddendum B</b> – R	eport of Honorariums or
If you, your firm, o	r your family has made political	contributions, you m	ust file Addend	um C- Political Contributions
	rmation by Lobbyist A 15-B, RSA 14-C and RSA 66 to my knowledge and belief.	-	or affirm that the $(0/29/12)$	
(Signature of lobbyist)			(Da	ate)
Debra Miller				

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

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Sworn	Staten	nent/Aff	irmat	tion by	Lobbyist
Statem	ent of	Income	and I	Expens	es for:

Name of Lobbying par	tnership, firm, or corp	poration: New Hampshire	Community Loan Fund
Name of Client (leave	blank if Statement is	for the partnership, firm, or	corporation and not related to any
particular client):		· · · · · · · · · · · · · · · · · · ·	
Date of Report (check	one):		
April 25, 2018 □	July 25, 2018	October 31, 2018 🕱	January 30, 2019 □
I have read RSA 15, the following Addend submitted):	RSA 15-B, RSA 664, ums submitted with	the Statement of Income and that Statement (insert the n	nd Expenses described above, and umber of Addendum forms being
_X Addendum A(	s).		
Addendum B(	s).		
Addendum C(	s).		
I hereby swear or affi complete to the best o			nt and each Addendum is true and
Slupy	hill		(Date)
(Signature of lobbyist			(Date)
Debra Miller			
(Print Name of lobbyi	st)		

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

	Affirmation by Lob me and Expenses fo		Company of the Compan
Name of Lobbying n	artnership, firm, or cor	New Hampshire	e Community Loan, Fund
			corporation and not related to an
		•	corporation and not related to air
Date of Report (chec	ck one):		
April 25, 2018	July 25, 2018	October 31, 2018 🖾	January 30, 2019 □
			nd Expenses described above, an umber of Addendum forms being
X Addendum A	<b>a</b> (s).		
Addendum E	B(s).		
X Addendum C	C(s).		
	`,		
	firm that the foregoing of my knowledge and b		nt and each Addendum is true and
Signature of lobbyis	MiConneil	<u> </u>	$\frac{10\sqrt{29/18}}{\text{(Date)}}$
Julianne McCo	nnell		
(Print Name of lobby	ist)	<del> </del>	

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# NEW HAMPSHIRE DEPARTMENT OF STATE

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# Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: New Hampshire Community Loan Fund	
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any	
particular client):	
Date of Report (check one):	
April 25, 2018 □ July 25, 2018 October 31, 2018 🕱 January 30, 2019 □	
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):  Addendum A(s) Addendum B(s) Addendum C(s).	
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.  (Signature of loobyist)  Tara Reardon  (Print Name of lobbyist)	

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# Addendum A

(RSA Chapter 15:6)

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I. Name of Lobbyist(s) Debra Miller, Julianne McConn	nell, Tara Reardon
II. Name of lobbyist's partnership, firm or corporation, if a	ny:
New Hampshire Community Loan Fund	
(Name of partnership, firm or corporation)	·
III. Name of Client N/A	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identif to lobbying, including fees for services such as public advocacy, go including research, monitoring legislation, and related legal work, reduced by any expenses:	overnment relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting (This should equal the total of all prior monthly reports for this c	
c) Total of all fees received to date (Add lines a and b)	c) \$
<ul> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$ 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are requifees. Separate reports are to be filed for expenditures made relative the lobbyist(s)/firm that are unrelated to any one client a separate Expenses are to be reported in one of three categories of expenses during the reporting period for salaries, benefits, support staff, and individual expenses where the expenditure was of \$25.00 or less (folunch where the cost was \$25.00 or less, purchase of a pen with a vabeing lobbied, purchase of a ceremonial object given to a person being lobbied, purchase of a ceremonial object given to a person being lobbied, purchase of a ceremonial object given to a person being lobbied, purchase of a ceremonial object given to the subject of lobbying with a variestaurant expenses for a legislative reception). Expenses for homeontributions will be reported on separate addendums and should not	e to each client and if expenditures are made by e report may be filed for the lobbyist(s)/firm. s: (a) the aggregate total of all expenses paid l office expenses; (b) the aggregate total of all or example: meals purchased during a business alue of less than \$10 that is given to the person ing lobbied with a value of \$25.00 or less); and g this reporting period of greater than \$25.00 for with value of greater than \$25, purchase of a lue greater than \$25, but not greater than \$50, torariums, expense reimbursement, or political
<ul> <li>a) Total aggregate expenses for this reporting period for salaries, ber support staff, and office expenses, related directly or indirectly to lob</li> </ul>	
b) Total aggregate of expenditures during this reporting period, not in a), of \$25 or less.	reported b) \$0

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$369.42
f) Total of all expenses year to date	f) \$369.42
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
worn Statement/Affirmation by Lobbyist	
have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	that the foregoing information
true and complete to the best of my knowledge and belief.	that the foregoing information
Sheh smill	10/29/18
Signature of lobbyist)	(Date)
_ DEBRA MILLER	
Print Name of lobbyist)	and the state of t